

Opinions of Turkish Medical Oncologists about the Participation of Patients and/or Patient Caregivers in Multidisciplinary Tumor Boards

Türk Tıbbi Onkologlarının Hastaların ya da Yakınlarının Multidisipliner Tümör Konseyine Katılımlarıyla İlgili Düşünceleri

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ABSTRACT

Objective :Multidisciplinary tumor board(MTBs) are an important component of cancer patient care. The participation of patients or caregivers in MTBs is a contentious issue and is uncommon in Turkey . This study aimed to determine what Turkish medical oncologists think about the participation of patients and caregivers in MTBs.

Method : The study was conducted during 8th Turkish Congress Of Medical Oncology in Antalya in November 2021. The medical oncologists that participated completed a 9-item questionnaire. The relationships between the participants' sociodemographic characteristics and their questionnaire responses concerning MTBs were analyzed using Pearson's chi-square test or the Fisher-Freeman-Halton test.

Results : 75 % of the participants do not approve participation of patient or caregivers in MTBs. 12 % of participants approve the participation of both in the MTBs. 3 % of participants approve only the participation of caregivers whereas only the 6 % of medical oncologist approve only the participation of patients in tumor board. While 69% of the male participants thought that physicians should first talk among themselves and make decisions related to patient care, and then report and discuss their decisions with the patient and/or their caregivers, 55.6% of the female participants thought that physicians should first talk among themselves, but not make any definitive decisions until consulting with the patient and/or their caregivers. This difference between the male and female participants was significant (P = 0.011).

Conclusion :Among 109 Turkish medical oncologists, most didn't approve of the participation of patients or caregivers in MTBs. The 2 major reasons for this lack of approval are fear that patients and caregivers will not understand medical terminology, and the emotional stress their participation can cause MTB members.

Keywords : Cancer ,multidisciplinary tumor board,medical oncologist.

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ÖZET

Amaç : Multidisipliner tümör konseyleri(MTK) kanser hasta bakımının önemli bileşenlerinden biridir. Hasta ya da yakınlarının katılımı tartışmalı olup Türkiye' de sıklıkla katılım olmamaktadır. Bu çalışmada Türk tıbbi onkologlarının hastalarının ya da yakınlarının MTK'ne katılımı ile ilgili düşüncelerinin saptanması hedeflenmiştir.

Yöntem : Bu çalışma Kasım 2021'de Antalya'da 8. Türk Tıbbi onkoloji kongresi sırasında yapılmıştır. Katılan medikal onkologlardan 9 soruluk bir anketi doldurmaları istendi. Katılımcıların sosyodemografik özellikleri ve ankette verdikleri yanıtları Pearson'ın ki-kare testi ve Fisher-Freeman-Halton testi ile analiz edildi.

Bulgular : Katılımcıların % 75'i hasta ya da yakınlarının MTK'e katılımını onaylamamaktadır. Katılımcıların % 12'si hasta ve yakınlarının katılımını onaylamaktadır. Katılımcıların %3'ü sadece hasta yakınlarının katılımını onaylarken ,katılımcıların % 6'sı sadece hastaların katılımına olumlu bakmaktadır. Erkek katılımcıların % 69'u önce hekimlerin kendi aralarında aldıkları kararın hasta ve/veya yakınına iletilmesini uygun bulurken,kadın hekimlerin %55.6'sı ise önce hekimlerin kendi aralarında konuşmalarını ancak hasta ve /veya yakını ile görüşülmeden nihai kararın verilmemesinin uygun olduğunu düşünmektedirler. Erkek ve kadın katılımcılar arasındaki fark istatistiksel açıdan farklı bulunmuştur (P = 0.011).

Sonuç : 109 Türk tıbbi onkoloğun çoğu kanser hastalarının ve/veya yakınlarının MTK'e katılımını onaylamamaktadır. Bu onaylamamanın iki ana gerekçesi hasta ve yakınlarının tıbbi terminolojiyi anlayamama korkusu ya da katılımın MTK üyeleri üzerinde duygusal stress oluşturabileceği endişesidir.

Anahtar Sözcükler: Kanser, multidisipliner tümör konseyi,tıbbi onkolog

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INTRODUCTION

Multidisciplinary tumor boards (MTBs) are an integral component of cancer patient care(1,2). MTBs facilitate effective communication between medical professionals when discussing patient data. MTBs are known to increase patient survival; however, they are not uniformly implemented, particularly in developing countries (3,4,5).

Patient and caregiver participation in MTBs can improve communication in MTBs. Such participation can provide the opportunity to review medical history and physical examination findings (6). Patient expectations can be discussed directly with them, which can lead to making more humane decisions related to cancer patient care. Participation of patients and caregivers in MTBs is not common in Turkey. The present study aimed to determine what Turkish medical oncologists think about the participation of patients and caregivers in MTBs.

MATERIALS and METHODS

A 9-item questionnaire was distributed during the 8th Turkish Congress of Medical Oncology in Antalya in November 2021. The first 6 items were designed to collect participant demographic data and the last 3 items were designed to determine the participants' opinions about the participation of patients and caregivers in MTBs. The participants could select only 1 answer option for all items, except item 8. The questionnaire is presented in the appendix.

Ethics approval

Selcuk university ,Faculty of Medicine Local Ethics Committee has approved the study with the reference number of 2021/471 on 26th ,October 2021. Verbal consent from the study participants was approved by the committee. All methods were carried out in accordance with relevant guidelines and regulations in the "Ethics approval and consent to participate" section of the Declarations.

Statistical analysis

Statistical analysis was performed using R v.3.6.0 (The R Foundation for Statistical Computing, Vienna, Austria; <https://www.r-project.org>). Descriptive statistics are presented as frequency (n) and percentage. Relationships between the participants' sociodemographic characteristics and the questionnaire items about MTBs were analyzed using Pearson's chi-square test or the Fisher-Freeman-Halton test. In addition, 2 ratio Z-tests were used for pairwise comparison of the parameters that were determined to be significant as a result of the 2 other tests. For all analyses the level of statistical significance was set at $P = 0.05$

RESULTS

The study included 109 medical oncologists, of which 37 were female and 72 were male. In all, 67 of the participants were aged <40 years and 42 were aged ≥40 years. Of the 109 participants, 45 were medical oncology fellows, 17 were oncology specialists, and 47 were academicians. In total 19 of the participants were working in a private hospital, in a private office, or and at a private/foundation university, and the remaining 90 were working at state universities or at training and research hospitals. Whereas 67% of the participants had been working as a medical oncologist for 15 years, 36 had been working for >15 years. The characteristics of participants are shown in table1.

There wasn't a significant correlation between participant sociodemographic characteristics, and their opinions about cancer patient and caregiver participation in MTBs (Table 2) or their opinions about the benefits and drawbacks of cancer patient and caregiver participation in MTBs (Table 4) ($P > 0.05$ for all). The major drawbacks for participation of patients and caregivers in MTBs according to the participants were their probable misunderstanding of medical terminology (77%), followed by MTB member emotional stress caused by their participation (26%).

In all, 3% of the participants did not think MTBs offer any benefits, so they did not make any more comment on the issue. Among the participants, 75% did not approve of the participation of patients or caregivers in MTBs. In total, 12% of the participants approved of the participation of both patients and caregivers in MTBs, whereas 3% approved of caregiver participation only and 6% approved of patient participation only.

The relationship between the participant sociodemographic characteristics and their answers to the questionnaire item concerning how the arrangement should be if patients and/or their caregivers participate in MTBs are shown in Table 3. While 69% of the male participants thought that physicians should first talk among themselves and make decisions related to patient care, and then report and discuss their decisions with the patient and/or their caregivers, 55.6% of the female participants thought that physicians should first talk among themselves, but not make any definitive decisions until consulting with the patient and/or their caregivers. This difference between the male and female participants was significant ($P = 0.011$). There wasn't a significant relationship between the other sociodemographic characteristics of the participants and their answers to the questionnaire item concerning how the arrangement should be if patients and/or their caregivers participate in MTBs.

Table 1. Demographic characteristics of the participants.

Characteristics	Participants, n (%)
Age	
<40 years	67 (61.5)
≥40 years	42 (38.5)
Gender	
Female	37 (33.9)
Male	72 (66.1)
Academic title	
Fellowship	45 (41.3)
Specialist	17 (15.6)
Assistant Professor	7 (6.4)
Associate Professor	22 (20.2)
Professor	18 (16.5)
Organization	
Private hospital	12 (11)
Public hospital	9 (8.3)
Training	28 (25.7)
University hospital	53 (48.6)
Office	1 (0.9)
Foundation	6 (5.5)
Years in Profession	
0-15 years	73 (67)
>15 years	36 (33)

Table 2. Approval of patient and caregiver participation in MTBs according to demographic data.

Participation of patients and caregivers in MTBs							
Variables	No participation, n (%)	Yes both, n (%)	No both, n (%)	Patient only, n (%)	Caregiver only, n (%)		p-value
Gender							0.833
Female	0 (0)	4 (10.8)	30 (81.1)	2 (5.4)	1 (2.7)		
Male	3 (4.2)	9 (12.5)	51 (70.8)	6 (8.3)	3 (4.2)		
Academic title							0.248
Fellow	1 (2.2)	8 (17.8)	31 (68.9)	2 (4.4)	3 (6.7)		
Others	2 (3.1)	5 (7.8)	50 (78.1)	6 (9.4)	1 (1.6)		
Academic title							0.312
Fellowship + Specialist	1 (1.6)	8 (12.9)	48 (77.4)	2 (3.2)	3 (4.8)		
Others	2 (4.3)	5 (10.6)	33 (70.2)	6 (12.8)	1 (2.1)		
Age							0.908
<40 years	2 (3)	9 (13.4)	49 (73.1)	4 (6)	3 (4.5)		
≥40 years	1 (2.4)	4 (9.5)	32 (76.2)	4 (9.5)	1 (2.4)		
Organization							0.115
Private + Office + Foundation	1 (5.3)	0 (0)	15 (78.9)	3 (15.8)	0 (0)		
Others	2 (2.2)	13 (14.4)	66 (73.3)	5 (5.6)	4 (4.4)		
Years in Profession							0.491
<10 years	1 (1.4)	10 (13.7)	55 (75.3)	4 (5.5)	3 (4.1)		
≥10 years	2 (5.6)	3 (8.3)	26 (72.2)	4 (11.1)	1 (2.8)		

Table 3. Opinions concerning when patients and caregivers should join MTB meetings according to demographic data.

Organisation of MTBs				
Variables	From begin (n=2)	After decision (n=64)	Before decision (n=41)	p-value
Gender				.011
Female	1 (2.8)	15 (41.7) ^a	20 (55.6) ^a	
Male	1 (1.4)	49 (69.0) ^b	21 (29.6) ^b	
Academic title				.779
Fellowship	1 (2.3)	24 (55.8)	18 (41.9)	
Others	1 (1.6)	40 (62.5)	23 (35.9)	
Academic title				>.999
Fellowship + Specialist	1 (1.7)	36 (60)	23 (38.3)	
Others	1 (2.1)	28 (59.6)	18 (38.3)	
Age				.922
< 40 years	1 (1.5)	38 (58.5)	26 (40)	
40+ years	1 (2.4)	26 (61.9)	15 (35.7)	
Organization				.134
Private + Office + Foundation	0 (0)	8 (42.1)	11 (57.9)	
Others	2 (2.3)	56 (63.6)	30 (34.1)	
Years in Profession				.581
< 10 years	1 (1.4)	41 (57.7)	29 (40.8)	
10 + years	1 (2.8)	23 (63.9)	12 (33.3)	

Table 4. Comparison between the demographical characteristics of the participants

Variables	Opinion of oncologist on participation of patients or caregivers in MTBs				p-value
	Right decision (n=16)	Humanly decision (n=13)	Misunderstanding (n=85)	Emotional stress (n=28)	
Gender					.326
Female	4 (10.8)	2 (5.4)	33 (89.2)	10 (27)	
Male	12 (16.7)	11 (15.3)	52 (72.2)	18 (25)	
Academic title					.578
Fellowship	9 (20)	5 (11.1)	32 (71.1)	11 (24.4)	
Others	7 (10.9)	8 (12.5)	53 (82.8)	17 (26.6)	
Academic title					.364
Fellowship + Specialist	9 (14.5)	5 (8.1)	48 (77.4)	19 (30.6)	
Others	7 (14.9)	8 (17)	37 (78.7)	9 (19.1)	
Age					.339
< 40 years	10 (14.9)	5 (7.5)	52 (77.6)	21 (31.3)	
40+ years	6 (14.3)	8 (19)	33 (78.6)	7 (16.7)	
Organization					.965
Private + Office + Foundation	3 (15.8)	2 (10.5)	15 (78.9)	4 (21.1)	
Others	13 (14.4)	11 (12.2)	70 (77.8)	24 (26.7)	
Years in Profession					.595
< 10 years	11 (15.1)	7 (9.6)	56 (76.7)	21 (28.8)	
10 + years	5 (13.9)	6 (16.7)	29 (80.6)	7 (19.4)	

* The volunteers may tick more than one option.

DISCUSSION

In recent years developments in cancer care have been occurring at a dizzying pace. Cancer patients now have multiple options in terms of both diagnosis and treatment. As such, physicians discuss and make a final decision concerning cancer treatment while participating in MTBs. Patient-centeredness is the central concept to the organization of MTBs. The clinical role of MTBs should be improved within cancer care (7,8). Patients can feel distressed due to lack of their involvement in MTBs. Patient participation in MTBs can lead to more patient-centered decisions by directly addressing patient expectations, which can also lead to more humane decisions (8,9). Patient participation in MTBs can lead to more radical interventions or a more palliative approach than is achievable without their participation.

Lack of information on the comorbidities of cancer patients may lead to inappropriate treatment decisions. Conversely, information on presence of comorbidity may lead to a more conservative and less effective treatment recommendations by physicians. Hubbard et al. reported that most of the patients with cancer desire to be involved in the decision making process about their disease (10).

Communication with caregivers is very important for patients with cancer in Turkey. Even with the existence of MTBs, medical oncologists are still faced with difficulties, particularly when discussing the prognosis with patients. In most cases, patients prefer not to be informed about the reality of advanced-stage cancer; therefore, caregivers are usually informed instead of patients.

Patient and caregiver participation in MTBs is uncommon in Turkish medical oncology practice. The present study aimed to determine the opinions of Turkish medical oncologists concerning patient and caregiver participation in MTBs. The present findings indicate that in general Turkish medical oncologists do not approve of patient or caregiver participation in MTBs. This opinion remained consistent despite age, academic title, years in the profession, and gender. Only 22% of the medical oncologists in the present study approve of patient or caregiver participation in MTBs. The most commonly reported drawback of their participation was fear that they would misunderstand medical terminology, followed by emotional stress experienced by physicians due to their participation.

There remains a lack of consensus concerning whether all patients or caregivers are suitable for participation in MTBs, which social, economic, and cultural factors are associated with patient and caregiver suitability for participation in MTBs, and whether it is ethical to discuss and make treatment decisions in the absence of the patient.

Almost 60% of the surveyed medical oncologists reported that they only want to meet with a patient or caregiver after an MTB has thoroughly discussed the case, and about 40% reported that they want to meet with a patient or caregiver before making final treatment decisions. Male participants were less willing than female participants with respect to consultation with patients or caregivers before making final decision. A through literature search on the issue did not retrieve any results. May female physicians be more eager to be engaged in shared decision-making? This issue deserves further study.

What the present study did not investigate and what remains unknown are the opinions of patients and caregivers concerning their participation in MTBs, as well as which patients and caregivers would be eager to participate in MTBs. We think this lack of data needs to be addressed by subsequent research.

CONCLUSION

The present findings show that in general Turkish medical oncologists do not approve of patient or caregiver participation in MTBs due to the fear that they will misunderstand medical terminology and the emotional stress their participation will cause physicians. Turkish medical oncologists need to consider the potential benefits and drawbacks of patient and caregiver participation in MTBs.

Conflict of interest

No conflict of interest was declared by the authors.

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